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CONFIRMATION NO. 5596

SERIAL NUMBER 10/711,597	FILING OR 371(c) DATE 09/28/2004 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. SK1001R
APPLICANTS Susan Kirkwood, Wooster, OH;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/08/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY OH	SHEETS DRAWING 8	TOTAL CLAIMS 25
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 3		
ADDRESS 7733				
TITLE MOBILITY ASSISTANCE DEVICE				
FILING FEE RECEIVED 430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

11/15/04